

Attorney's Docket No. B-4161 618742-8

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- original
 design
 supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- national stage of PCT

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION, OR CIP.

- divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

**"METHOD FOR GENERATING HIGHLY ACTIVE HUMAN DENDRITIC CELLS
FROM MONOCYTES"**

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) is attached hereto.
(b) was filed on _____ as Serial No. _____
or Express Mail No., as Serial No. not yet known, _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) was described and claimed in PCT International Application No. _____
filed on _____ as amended under PCT Article 19 (1)
on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code Federal Regulations § 1.56.

[] In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) [X] no such applications have been filed.
(e) [] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

**EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO
			[] YES [] NO

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number*)

Richard P. Berg, Reg. No. 28,145
Mavis S. Gallenson, Reg. No. 32,464
Kam C. Louie, Reg. No. 33,008
Ross A. Schmitt, Reg. No. 42,529

Victor Repkin, Reg. No. 45,039
John Palmer, Reg. No. 36,885
Peter D. Galloway, Reg. No. 27, 885
William R. Evans, Reg. No. 25, 858

(check the following item, if applicable)

[] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:**DIRECT TELEPHONE CALLS TO:**

(Name and telephone number)

John Palmer, Esq.
c/o LADAS & PARRY
5670 Wilshire Boulevard, Suite 2100
Los Angeles, California 90036-5679

John Palmer

(323) 934-2300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of **sole or first inventor** Filippo BELARDELLI

Inventor's signature _____

Date _____ Country of Citizenship Italy

Residence Via Federico Ozanam 113 00152, Roma, ITALY

Post Office Address _____ (same as residence)

Full name of **second joint inventor**, if any Stefano Maria SANTINI

Inventor's signature _____

Date _____ Country of Citizenship Italy

Residence Via Marforio 6 00169, Roma, ITALY

Post Office Address _____ (same as residence)

Full name of **third joint inventor**, if any Stefania PARLATO

Inventor's signature _____

Date _____ Country of Citizenship Italy

Residence Via San Giuseppe Cafasso 29 00152, Roma, ITALY

Post Office Address _____ (same as residence)

* Full name of **fourth joint inventor**, if any Tiziana DI PUCCIO

Inventor's signature _____

Date _____ Country of Citizenship Italy

Residence Via Lungo Magnene 22 03036 Isola Liri FR ITALY

Post Office Address _____ (same as residence)

Full name of **fifth joint inventor**, if any Mariantonia LOGOZZI

Inventor's signature _____

Date _____ Country of Citizenship Italy

Residence Via Monteleone Sabino 12 00131, Roma, ITALY

Post Office Address _____ (same as residence)

Full name of **sixth joint inventor**, if any Caterina LAPENTA

Inventor's signature _____

Date _____ Country of Citizenship Italy

Residence Via Camillo Benso di Cavour 21 50129, Firenze, ITALY

Post Office Address _____ (same as residence)

Full name of **seventh joint inventor**, if any Maria FERRANTINI

Inventor's signature _____

Date _____ Country of Citizenship Italy

Residence Via Villadossale 26 00166, Roma, ITALY

Post Office Address _____ (same as residence)

Full name of **eighth joint inventor**, if any Laura SANTODONATO

Inventor's signature _____

Date _____ Country of Citizenship Italy

Residence Viale Anicio Gallo 198 00174, Roma, ITALY

Post Office Address _____ (same as residence)

Full name of **ninth joint inventor**, if any Giuseppina D'AGOSTINO

Inventor's signature _____

Date _____ Country of Citizenship Italy

Residence Via Igino Giordani 34 00155, Roma, ITALY

Post Office Address _____ (same as residence)

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S)
WHICH FORM A PART OF THIS DECLARATION

- [] Signature for third and subsequent joint inventors. *Number of pages added* _____
- [] Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* _____
- [] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* *Added* pages to combined declaration and power of attorney for divisional, continuation-in-part (CIP) application.
Number of pages added _____

* * *

- [] Authorization of attorney(s) to accept and follow instructions from representative.

* * *

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

- [X] This declaration ends with this page.

DECLARATION AND POWER OF ATTORNEY